G. M. LaMuraglia: Nothing to disclose; **V. I. Patel**: Nothing to disclose.

SS3.

In Situ Rifampin-Soaked Grafts Are Durable With Low Reinfection Rates in Patients With Aortic Graft Enteric Erosion or Fistula

Gustavo S. Oderich, Thomas C. Bower, Jan Hofer, Manju Kalra, Audra A. Duncan, Joseph J. Ricotta, Peter Gloviczki. Division of Vascular and Endovascular Surgery, Mayo Clinic, Rochester, MN

Objectives: We previously reported that in situ rifampin-soaked grafts (ISR) were safe in selected patients with aortic graft infections, with the best results in those with aortic graft enteric erosion or fistula (AGEF). This study evaluates the late results of ISR for AGEF.

Methods: From 1990 to 2008 183 patients were treated for aortic graft infections (121 primary and 62 AGEF). We reviewed 54 patients treated for AGEF with a standard protocol, which included excision of the infected graft, intestinal repair, ISR with omental wrap, and long-term antibiotics. We excluded 8 AGEF patients (13%) treated with axillofemoral grafts (AXFG, n = 5) or femoral vein grafts (n = 3) due to excessive perigraft purulence. End-points were early morbidity and mortality, and late survival, reinfection and graft-related complication rates.

Results: There were 45 male and 9 female patients with mean age of 69 ± 9 years. Presentation was gastrointestinal bleeding in 30 patients, fever in 25, and hemorrhagic shock in 8. Other features were perigraft fluid/purulence in 42 patients and abscess in 5 (drained in 3). Excision of the entire graft was required in 38 patients, and 16 had partial excision to incorporated graft. Total operating time was 6 ± 4 hours. Postoperative complications occurred in 28 patients (52%), and there were 5 deaths (9%), 3 in patients with shock. The hospital stay was 24 ± 21 days. Five-year patient survival, primary graft patency, and limb salvage rates were 66 ± 7%, 88 ± 4% and 100%. There were no late graft-related deaths. After a median follow-up of 38 months, there was 1 (2%) graft reinfection treated with AXFG, 3 noninfected femoral aneurysms, and 5 graft limb thrombosis/restenosis requiring revision.

Conclusions: In situ rifampin-soaked grafts with omental wrap and long-term antibiotics are associated with low reinfection rates (2%) in properly selected patients with AGEF who do not have excessive perigraft purulence. Graft patency and limb salvage rates are excellent.

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VS 1.

Video Presentation
Para-visceral Aortic Endarterectomy: Treatment of Choice for Coral-reef Aortic Plaque

Brian G. DeRubertis, Peter L. Lawrence, William Quinones-Baldrich, Ankur Chandra. Department of Surgery, UCLA School of Medicine, Los Angeles, CA

Background: While endovascular intervention has significantly impacted the treatment of aortic, mesenteric, and renal arterial occlusive disease, certain disease patterns remain best suited for open surgical reconstruction. Eccentric plaque limited to the para-mesenteric and para-renal aorta can be effectively treated by retroperitoneal trans-aortic endarterectomy with excellent results.

Technical Description: A 67-year-old woman presented with recent onset of bilateral lower extremity claudication, poorly controlled hypertension, renal insufficiency and several episodes of flash pulmonary edema. The video presentation includes discussion of the patient's clinical presentation and results of her preoperative workup, including magnetic resonance arteriography demonstrating occlusive, eccentric and heavily-calcified paramesenteric and pararenal aortic plaque. The video emphasizes the operative technique for retroperitoneal aortic exposure, trap-door aortotomy, and aortic endarterectomy with complete aortic plaque removal and reconstruction.

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SS4.

Secondary Vascular Interventions After EVAR

Brenton E. Quinney, Shardul B. Nagre, Steve M. Taylor, Marc A. Passman, Mark A. Patterson, Bart R. Combs, Bruce G. Lowman, William D. Jordan. Vascular Surgery, University of Alabama at Birmingham, Birmingham, AL

Objectives: Secondary interventions required after primary endovascular repair of abdominal aortic aneurysms (EVAR) may affect the short-term benefit of EVAR. This review details a single-institution 10-year experience with EVAR to evaluate the impact of secondary interventions on the clinical utility of EVAR.

Methods: All patients undergoing EVAR were identified from a prospectively maintained registry. Medical records were reviewed for outcomes, complications and secondary vascular interventions.

Results: Between October 1999 and May 2009, 1065 EVAR procedures were performed among 994 patients at our institution. Within a specifically designed surveillance protocol which includes computed tomography (CT) scanning and ultrasound, there were 3110 imaging encounters recorded in 920 patients. Endoleak was identified in 243